

AUTHORIZED THIRD-PARTY REPRESENTATIVE AFFIDAVIT

National Bank Holdings Corporation (“NBHC”) collects and processes personal information about individuals as described in our CCPA Notice. Individuals may make certain requests concerning their information “Personal Information Request”. In certain situations, an individual may want another person (an “Authorized Third Party Representative”) to submit a request on his or her behalf. To do this, and to protect individuals against unauthorized disclosure of their personal information, an individual is required to complete and return this Authorized Third-Party Representative Affidavit.

Alternatively, an individual may provide the power of attorney, or similar documentation, showing that he or she is authorized to make a request on his or her behalf.

A. To be completed by the individual:

I designate the following as my Authorized Third-Party Representative: _____

Authorized Third Party Representative’s email address: _____

Authorized Third Party Representative’s physical address: _____

My Authorized Third-Party Representative may submit the following requests on my behalf (check all that apply):

- Request my personal information
- Request my personal data be deleted
- Correct my personal data

I understand that NBHC may contact me directly to verify my identity and confirm the designation of my Authorized Third-Party Representative. Additional information to verify my identity may also be requested.

Below is my current and correct personal information:

Full legal name: _____

Email address: _____

Mailing address: _____

By signing this affidavit, I hereby declare under penalty of perjury and subject to applicable law, that the information provided in this affidavit is true and correct and that I am the person whose personal information is the subject of the request, and I authorize the Authorized Third Party Representative to process my personal information in connection with such request. I understand that falsifying any information could subject me to civil and criminal penalties.

Signature: _____

Date: _____

B. To be completed by the Authorized Third-Party Representative designated in Section A of this Affidavit:

By signing this affidavit, I hereby declare under penalty of perjury, pursuant to applicable law, that the information provided in this affidavit is true and correct and that I am the Authorized Third-Party Representative identified by the individual in Section A of this affidavit.

I certify that I have been authorized by the individual who is the subject of this request and that the individual has granted me permission to act as their Authorized Third-Party Representative and to process this personal information in connection with such request. I understand that falsifying any information could subject me to civil and criminal penalties.

Authorized Third Party Representative's Signature: _____

Date: _____